

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-018035

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

4276

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED APR 23 1963

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR  
TOWN St. LouisLength of stay in 1b  
3 Wks.c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR  
INSTITUTION Missouri Baptist Hosp.Inside Limits  
Yes ☒ No ☐

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

admission)

c. CITY  
OR  
TOWN

St. Louis

Inside Limits  
Yes ☒ No ☐d. STREET  
ADDRESS

5726 Highland Ave.

Reside on Farm  
Yes ☐ No ☐3. NAME OF DECEASED  
(Type or print)

First

Frank

Middle

D.

Last

Orth

4. DATE

OF  
DEATH

Month

Apr.

Day

15

Year

1963

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

10-21-85

## 9. AGE (last birthday)

77

## IF UNDER 1 YEAR

Months Days Hours Min.

## IF UNDER 24 HR

Months Days Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Printing Pressman (ret.)

## 10b. KIND OF BUSINESS OR INDUSTRY

Printing

## 11. BIRTHPLACE (City and state or country)

Dayton, Ohio

## 12. CITIZEN OF WHAT COUNTRY

U.S.A.

## 13a. FATHER'S NAME

Unknown

## 13b. MOTHER'S MAIDEN NAME

Unknown

## 14. NAME OF HUSBAND OR WIFE

Augusta Orth

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

Mrs. Augusta Orth, 5726 Highland

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

carcinomatosis

Carcinomatosis

INTERVAL BETWEEN  
ONSET AND DEATH

2 years

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

## DUE TO (b)

carcinoma of liver

Carcinoma of liver

## DUE TO (c)

156.1

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

bronchopneumonia

Bronchopneumonia

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☒ NO ☐

## 20a. ACCIDENT

☐

## SUICIDE

☐

## HOMICIDE

☐

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

## 20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

## 21. I attended the deceased from

3/27/63

to 4/15/63

and last saw him alive on 4/15/63

Death occurred at

2:57 P.m.

on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

Wm. K. Weber

(Degree or title)

M.D.

## 22b. ADDRESS

224 Normandy Prof. Bldg.  
274 Normandy Prof. Bldg.

## 22c. DATE SIGNED

4/14/63

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

removal

## 23b. DATE

4-18-63

## 23c. NAME OF CEMETERY OR CREMATORY

Mt. Lebanon Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis County

Mo.

## 24. FUNERAL DIRECTOR

ADDRESS

Drehmann-Harral, 1905 Union Blvd.

## 25. DATE RECD. BY LOCAL REG.

APR 17 1963

## 26. REGISTRAR'S SIGNATURE

Loan Smith. M.D.

USE BLACK INK

OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

Dr. Wm. K. Weber  
23 Normandy Shopping Center  
Ev. 5-9190  
Hrs. 2 - 4 PM Tues.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

*Warren A. Carver*

Licensed Embalmer No.

*353x*

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.